STATEMENT OF

FORM 1	ORGANIZATION					Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4N	
WEST VIR	GINIA HO	RSE ASS	OCIA	TION		
	<u> </u>			1 1 1 1 1 1	<u> </u>	
ADDRESS (number ar	nd street) 150	4 S. Hous	ston S	Street	 	
(Check if ac	idress	1111.			لللللل	
is changed)		ıfman			TX	75142
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Pleas	e provide only one (e-mail add	ress)		
(Check if	address WV	norseasso	ciatio	n@gmail.c	om,	
is change					1 1 1 1	
COMMITTEE'S WEB	_l we		orșea	association.	tumb r.	com.
is changed	^{d)}			 	111	
2. DATE 10	10° 2	012				
3. FEC IDENTIFIC	CATION NUMBER	c 0	0527	200		
4. IS THIS STATEM	MENT NE	V (N) OR	×	AMENDED (A)		
I certify that I have a	xamined this State	nent and to the bes	st of my k	nowledge and belief i	t is true, corr	ect and complete.
Type or Print Name	of Treasurer Ju	lie Caram	ante			
Signature of Treasure	r Ju	lie Car	am	ante	Date 1	0" ' 10" ' 2012``
NOTE: Submission of			-	ect the person signing		to the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)